$m{C}$ alifornia $m{P}$ rison Health Care $m{R}$ eceivership Office of the Receiver

Letter from the Receiver, Vol.1, Number 3 21 July 2006

My first three months as Receiver have been, in turns, inspiring, challenging, intense and invigorating. As expressed to U.S. District Court Judge Thelton E. Henderson in my first report to him this month, the prison system's medical care crisis is much worse and more complex than anyone originally thought.

Since starting work in mid-April, my team and I have visited five prisons (San Quentin, California Institution for Men, California Institution for Women, Central California Women's Facility and Valley State Prison for Women), and we'll see two more this month (California Medical Facility and California State Prison, Solano). I have met with hundreds of people and reviewed thousands of pages of documents. I am impressed by the commitment to change that so many have expressed – from the health care and custody staff at the institution level, to the folks working hard to streamline the provider contracting process (including HCCUP analysts and Office of Business Services staff), to the leadership of the unions that represent CDCR employees, to CDCR's Division of Correctional Health Care Services managers and staff. As well, the editorial boards of newspapers across the state have weighed in to support our efforts to achieve constitutionally adequate medical care in California's prisons.

There is a long way to go. I continue to witness the horrid conditions and to hear from inmates and staff alike about their struggles in these circumstances.

Perhaps most frustrating – and illuminating – is the emerging picture of a system strangled by state rules, regulations and laws. It would be impossible to achieve positive change in this environment without the Receivership and the powers granted the Receiver by Judge Henderson. The medical care crisis in California prisons is not the sole fault of CDCR, and it won't be solved if our efforts are restricted to CDCR. We must address the apparatus that controls CDCR purchasing, hiring, firing, construction and other operational and policy functions. The inmates aren't the only prisoners of the system – everyone is a prisoner to the state's bureaucracy and politics. Correcting that is a tall order, and there are no quick fixes. It will be done.

The upcoming Special Session of the Legislature convened by the Governor to address the state's prison crisis could be a catalyst for change. This occasion, with all its potential pitfalls and political posturing, offers an opportunity for California's leaders to take action to improve medical care while also delivering some limited relief of overcrowding. Whether they actually do that is up to them. But I have offered advice for them to consider during their deliberations: Build medical facilities.

That makes sense in many ways. For one, it would empty prisons of inmate patients in need of dedicated medical care that they currently are not getting. Patients will receive better and more appropriate care when they are grouped by treatment category, such as acute care, long-term care, hospice care, assisted living, etc. The plan also would eliminate costly duplication of taxpayers' resources by combining the Governor's proposal to build more prisons with the Receiver's imperative to improve medical care. Why spend that money twice?

Soon the state's leaders will confer, and the result remains to be seen. The Receivership plans to fill the need for medical facilities regardless of the outcome. The Special Session is not necessary to accomplish that. However, it does provide an opportunity for collaboration with the state, should that be the state's choice.

Meanwhile, work is already underway to lift the standard of prison medical care to constitutional levels. At San Quentin, my team is working with the institution's medical and custody leadership and staff to accomplish a 90-day improvement in medical care delivery there. Together, we will create a clinical environment that includes adequate space, supplies and equipment, better working conditions, staffing and salary levels and a clean and appropriate setting for delivering care.

That's a close look at one prison. A systemic perspective will surface next week at a July 26th public hearing in Judge Henderson's San Francisco courtroom to air the findings of an audit I commissioned of the prison pharmacies. The presentation will include a sense of what it will take to turnaround that disorganized, wasteful and dangerous enterprise – with costs as high as \$46 to \$80 million more than equivalent prison systems. The pharmacy audit can be found among the attachments to the court report referenced above. (The report is available on the Internet at www.cand.uscourts.gov/. From the home page, follow these links: Judges, Henderson, Models & Examples, Henderson, Recent Orders.)

Please remember, all activities of the Receivership have one bottom line in mind: To create a system where custody and health care staff together guarantee that access to care and quality of medical services in California prisons meet constitutional standards.

Sincerely

Robert Sillen Receiver

Distribution: Honorable Thelton E. Henderson

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